



STATE OF WASHINGTON  
APPLICATION FOR CHANGE/TRANSFER  
OF WATER RIGHT

For filing with the Department of Ecology or with County Conservancy Boards

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF  
ECOLOGY MUST ACCOMPANY THIS APPLICATION

(Check all that apply.)

- ☒ Change purpose(s) of use  
☐ Add purpose(s) of use  
☐ Change point(s) of diversion/withdrawal  
☒ Add point(s) of diversion/withdrawal  
☒ Change/transfer place of use  
☐ Other (i.e. consolidation, intertie, trust water)

Explain:

FOR OFFICE USE ONLY

CHANGE No. \_\_\_\_\_ WRIA \_\_\_\_\_

DATE ACCEPTED \_\_\_\_/\_\_\_\_/\_\_\_\_ BY \_\_\_\_\_

FEE \$ \_\_\_\_\_ REC'D \_\_\_\_/\_\_\_\_/\_\_\_\_

CHECK No. GRAN-11-15

ECY Coding: 001-002-WR10285-000011

SEPA: ☐ Exempt ☐ Not exempt

**\*\*IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)\*\***

1. Applicant Information:

APPLICANT/BUSINESS NAME Public Utility District No. 2 of Grant County, WA	PHONE NO. (509) 754-6612	FAX NO. (509)754-5074
ADDRESS P.O. Box 878		
CITY Ephrata	STATE WA	ZIP CODE 98823

CONTACT NAME (IF DIFFERENT FROM ABOVE) Cliff Sears	PHONE NO. (509) 754-6612	FAX NO. (509)754-5074
ADDRESS Same as above		
CITY Same as above	STATE	ZIP CODE

LEGAL LAND OWNER or PART OWNER NAME OF PROPOSED PLACE OF USE Public Utility District No. 2 of Grant County, WA	PHONE NO. (509) 754-6612	FAX NO. (509)754-5074
ADDRESS P.O. Box 878		
CITY Ephrata	STATE WA	ZIP CODE 98823

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER G3-20495C, Wanapum Indian Village	RECORDED NAME(S) Public Utility District No. 2 of Grant County, WA
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

FOR OFFICE USE ONLY

APP. NO. \_\_\_\_\_ PERMIT NO. \_\_\_\_\_ CERT. NO. \_\_\_\_\_ CERT. OF CHANGE NO. \_\_\_\_\_



### 3. Point(s) of Diversion/Withdrawal:

#### A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Wanapum Indian Village Well No. 2	2	SE	SE	3	13N	23E	23130321001	

#### B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
See attached page								

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☒ YES ☐ NO      PROPOSED: ☒ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

*Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.*

### 4. Purpose of Use:

#### A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Community domestic supply	30	3	Continuously year round

#### B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Municipal water supply purposes	30	3	Continuously year round

### 5. Place of Use:

#### A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
Beginning at the southeast corner of S. 3, T. 13 N., R. 23 E.W.M.; thence north 1°53" east 626.49 feet to the true point of beginning; thence continuing on the same bearing 1097.20 feet; thence south 49° 26' west 1045.86 feet; thence south 61° 13' 30" east 865.39 feet to the true point of beginning; Less rights of way.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		3	13 N.	23 E.	Yakima	23130321001	--
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							

#### B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
The area served by the Priest Rapids Water Systems Comprehensive Plan now existing or as may be hereafter amended. A map of the current service area is filed in Section I. A metes and bounds description is provided on the following page.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							

*Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.*

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?  
☐ YES ☒ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):

### 6. Remarks and Other Relevant Information:

This application is intended to consolidate and integrate existing wells and one alternate well that are hydraulically connected within the Priest Rapids Comprehensive Water Systems Plan. Formal approval of the PRWSCP by the Washington State Department of Health will be filed upon receipt.



IF FOR SEASONAL OR TEMPORARY, START DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ END DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

7. Signatures:

*I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.*

PUD No. 2 of Grant County, WA  
(Applicant)

Cliff Sears  
(Applicant Signature)

8/8/11  
(Date)

PUD No. 2 of Grant County, WA  
(Water Right Holder)

Cliff Sears  
(Water Right Holder)

8/8/11  
(Date)

PUD No. 2 of Grant County, WA  
(Land Owner(s) of Proposed Place of Use)

Cliff Sears  
(Land Owner(s) of Proposed Place of Use)

8/8/11  
(Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

**WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):**

- ☐ APPLICATION FEE NOT ENCLOSED      ☐ MAP NOT INCLUDED or INCOMPLETE  
☐ ADDITIONAL SIGNATURES REQUIRED      ☐ SECTION \_\_\_\_\_ IS INCOMPLETE  
☐ OTHER/EXPLANATION: \_\_\_\_\_

**STAFF:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_



ATTACHMENT FOR  
APPLICATION FOR CHANGE

Point(s) of Diversion/Withdrawal - ☐ Existing ☒ Proposed:

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
PR Powerhouse Well		--	--	2	13N	23E	150031000	AEH397
MC & S Well		NE	SW	36	14N	23E	150143000	AFO346
Wan. Indian. Village Well #1		NW	SW	2	13N	23E	23130232001	ABS029
Wan. Indian. Village Well #2		SE	SE	3	13N	23E	23130321001	
MC & S Alternate Well				35	14N	23E	150141000	N/A

DO YOU OWN THE ABOVE POINT(S) OF DIVERSION/WITHDRAWAL? ☒ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

Purpose(s) of Use - ☐ Existing ☐ Proposed:

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE

Place of Use - ☐ Existing ☐ Proposed:

LEGAL DESCRIPTION OF LANDS							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN ABOVE PLACE OF USE? ☐ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME: